

## EXCLUDED OR REMOVED APPLICANT REQUEST FOR RECONSIDERATION

Under section 60851 of title 2 of the California Code of Regulations, if the Bureau of State Audits or the

Applicant Review Panel decides to exclude or remove an applicant from the pool of applicants being considered

for selection to the Citizens Redistricting Commission, the applicant may request reconsideration of the

decision if the decision was the result of an error relating to:

- Having a conflict of interest;
- Failing to satisfy the eligibility requirements for serving on the commission; or
- Failing to comply with the procedural requirements of the application process.

To request reconsideration of the decision to exclude or remove you from the applicant pool because the

decision was based on an error, as described above, please provide the following information and submit it to

the Bureau of State Audits by e-mail, facsimile, or delivery to the address stated at the bottom of this form.

This form must be received by the bureau no later than 10 days after the date of the notification that you were

excluded or removed from the applicant pool.

Name: **Hardev Singh Shergill**

Date of the notice of exclusion or removal: December 16, 2009

Description of the error that caused the exclusion or removal: **"Your party registration has not remained the same since November 20, 2005"**

Description of the correct facts establishing that you should not have been excluded or removed:

**I am a Progressive Democrat; was heavily committed to President Obama's election; intensely involved in the debate over components of health care reform; deeply disappointed in his lack of role in forming health reform; I thought I was ticking off not disclosing party affiliation.**

Description of any evidence or other information that supports the facts as you now state them:

**You may check with the voter registration at El Dorado County. I have been a registered Democrat from the very beginning and still am.**

I affirm, by signing or typing my name below, that the statements containing in this Request For Reconsideration are true and correct to the best of my knowledge.

Signature or typed name: **Hardev Singh Shergill** Date:

**December 19, 2009**

Bureau of State Audits, 555 Capitol Mall, Suite 300, Sacramento, CA 95814

Facsimile: 919-322-7801 E-mail: VotersFirstAct.bsa.ca.gov